

Application for Licensure as a Veterinary Technician

Read the following instructions carefully and be familiar with the laws and rules governing the practice of a vet tech in the State of Georgia.

*Visit our website at www.sos.ga.gov/plb/veterinary for more information.
You can check **Application Status** on this same website.*

The following **must be received by the Board** prior to being considered for **approval of licensure**:
Please mail your application package in a 9 X 12 envelope with pages unstapled and unfolded.

- ☐ **COMPLETED APPLICATION** for Georgia licensure.
- ☐ **\$50 FEE** for Georgia licensure made payable to the Georgia State Board of Veterinary Medicine. Checks returned for insufficient funds will be assessed a \$40 service charge pursuant to O.C.G.A. § 16-9-20.
- ☐ **CURRENT PHOTOGRAPH**
- ☐ **OFFICIAL TRANSCRIPT OR VERIFICATION OF VET TECH EDUCATION** if applying based on education.
Pursuant to Board Policy, students will be considered for eligibility for the VTNE not earlier than 6 months prior to graduation from an accredited program.
- ☐ **VERIFICATION OF LICENSURE** in any state in which you have **ever** held a license. You must contact that state Board office & have verification sent directly to the GA Board. **A copy of your license in that state is not acceptable.** If you have previously taken the VTNE through an out-of-state Board, request that your exam score results be included with the verification.
- ☐ **EXAM SCORES** If you have previously taken the VTNE, you must have the exam scores sent to the GA Board. Contact AAVSB at aavsb.org to have exam scores sent to GA. Previous passing exam scores are only accepted if the exam was taken within the immediate past five (5) years.

Applications are valid for one (1) year from the date received by the Board.
Once your application has expired, you will be required to reapply for licensure consideration.

VTNE – Veterinary Technician National Exam

Register and pay fees for the national Board exam at www.aavsb.org.

Georgia does not accept the exam fee nor administer the exam.

Georgia no longer verifies eligibility to AAVSB.

You must take & pass the exam before you will be considered for licensure in Georgia.

You must contact AAVSB for any questions relating to the VTNE.

Study materials for the VTNE are available at www.aavsb.org/vtne.htm

**Candidates may not take the examination more than three (3) times
without review and approval by the Board.**



Board Name: Veterinary Medicine
Address: 237 Coliseum Drive
Address: Macon, GA 31217
Telephone #: (478) 207-2440
Fax #: (866) 888-1308
Website: www.sos.ga.gov/plb/veterinary

Do Not Write In This Section

Receipt #: _____
Amount: _____
Applicant #: _____
Initials/Date: _____

Application For Veterinary Technician

\$50 Fee (non-refundable)

Checks returned for insufficient funds will be assessed a \$40 service charge pursuant to O.C.G.A. § 1 6-9-2 0

Applicant is applying for above referenced license by:

- () Application/Examination
() Endorsement/Reciprocity with the State of _____

Part I: Personal Information

1. Name: _____
Last First Middle Maiden

2. Mailing Address: _____
(Street) (Apt. #) (City/State/Zip Code)

3. If your mailing address is a P.O. Box, you must also provide a physical address:

(Street) (Apt. #) (City/State/Zip Code)

If you are granted a license, your name, mailing address and license number are public information.

4. E-Mail Address: _____

Acknowledgement of your application will be sent by email. Also, if further information is needed, email is the most efficient way for Board staff to contact you so that your application can be processed in the most efficient manner. Your email address will not be shared with any third party.

5. Telephone #: Home: () _____ Work () _____ Other () _____

6. Date of Birth: _____ 7. Place of Birth _____ 8. Gender: ☐ Male ☐ Female

9. Race : _____ 10. Ethnicity: ☐ (Hispanic or Latino) ☐ (Not Hispanic or Latino)

11. Social Security Number*: _____ - _____ - _____

12. ☐ I am a U.S. citizen ☐ I am not a U.S. citizen but am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States. If you are not a U.S. citizen, you must complete the attached form, **DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS**, and provide required documentation.

*This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. §19-11-1 and O.C.G.A. §20-3-295, 42 U.S.C.A. §551 and 20 U.S.C.A. §1001. It may also be disclosed to other licensing boards, or other regulatory agencies for license tracking purposes.

Part II: Professional Education

12. **Highest Degree Earned:** ☐ Doctorate ☐ Masters ☐ Bachelors ☐ Associates

13. **Name/Address of Entry Level Professional Institution** (e.g. technical school, undergraduate college/university):

a. Dates Attended: _____ c. Graduation Date: _____
b. Major: _____ d. Degree(s) Earned: _____

14. **Name/Address of Graduate School/University:** _____

a. Dates Attended: _____ c. Graduation Date: _____
b. Major: _____ d. Degree(s) Earned: _____

15. **Name/Address of Post -Graduate School/Hospital** (if applicable): _____

a. Type of Training: _____ b. Dates Attended: _____

Part III: Professional Background

16. ☐ **Yes** ☐ **No** Have you ever been arrested, convicted, sentenced, pled guilty to, pled nolo contendere to, or given first offender status for the commission of a felony, misdemeanor, or any offense other than a minor traffic violation? (DWI & DUI are **not** minor traffic violations.)

17. ☐ **Yes** ☐ **No** Have you ever had revoked or suspended or otherwise sanctioned any license issued by any board or agency in Georgia or in any other state?

18. ☐ **Yes** ☐ **No** Have you ever been denied issuance of or, pursuant to disciplinary proceedings, refused renewal of a license by any board or agency in Georgia or in any other state?

19. ☐ **Yes** ☐ **No** Have you ever personally used narcotics or alcohol excessively or have you ever undergone treatment for addiction to alcohol or other controlled substances or habit forming substances?

If you answered yes to any of the above four questions, you must attach an explanation. If you answered "yes" to question #16 you must submit official documents to the Georgia Board office along with this application.

20. ☐ **Yes** ☐ **No** Have you taken and passed the Veterinary Technician National Examination (VTNE)?
If yes, request your scores be certified to our office by the AAVSB at www.aavsb.org.

21. ☐ **Yes** ☐ **No** Have you ever failed the Veterinary Technician National Examination (VTNE)?
If yes, give dates and location of exam _____

22. ☐ **Yes** ☐ **No** Have you ever been licensed to practice as a Veterinary Technician in any State(s)?
If yes, complete the following and have the official verification(s) from each Board where you have ever held a license be sent to the Georgia Board. A copy of your license in that state is not acceptable.

Licensure: <u>State/Country</u>	<u>Date of Licensure</u>	<u>Exam</u>	<u>Status(Current/Inactive)</u>
_____	_____	_____	_____
_____	_____	_____	_____

Attach a current photo here
Copy of driver's license is not acceptable

Part IV : Affidavit of Applicant

I hereby certify that the information contained in this application is true and correct to the best of my knowledge. I also understand that this application is for licensure in Georgia only, and not for the purpose of exam application. I have also read and understand the rules and law governing the practice of veterinary technology in Georgia.

Signature of applicant _____

Sworn to and subscribed before me this _____ day of _____, 2 _____

Signature of Notary Public _____

My commission expires _____

(seal)



GEORGIA STATE BOARD OF VETERINARY MEDICINE

237 Coliseum Drive
Macon, Georgia 31217
(478) 207-2440

CONSENT FORM

I hereby authorize the Georgia State Board of Veterinary Medicine to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia. I also give consent to the Georgia State Board of Veterinary Medicine to perform periodic criminal background checks for the duration of my active licensure status with this state.

(Applicant's Full Name – Printed)

Physical Address (P.O. Boxes **NOT** Accepted)

Sex

Race

Date of Birth

Social Security Number

Place of Birth (City/State): _____

Aliases or Maiden Name: _____

(Signature of Applicant)

(Date)

DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS

Please check the box which applies to your status. You must provide copies of the required documentation as an attachment to this form.

Alien Lawfully Admitted for Permanent Residence:

- ☐ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card")
- ☐ - Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94

Asylee:

- ☐ - INS Form I-94 annotated with stamp showing admission under §208 of the INA
- ☐ - INS Form I-688B (Employment Authorization Card) annotated "27a.12(a) (5)"
- ☐ - INS Form I-766 (Employment Authorization Document) annotated "A5"
- ☐ - Grant letter from the asylum office of INS
- ☐ - Order of an immigration judge granting asylum

Refugee:

- ☐ - INS Form I-94 annotated with stamp showing admission under §207 of the INA
- ☐ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (3)"
- ☐ - INS Form I-766 (Employment Authorization Document) annotated "A3"
- ☐ - INS Form I-571 (Refugee Travel Document)

Alien Paroled Into the U.S. for at Least One Year:

- ☐ - INS Form I-94 with stamp showing admission for at least one year under §212(d) (5) of the INA

Alien Whose Deportation or Removal Was Withheld:

- ☐ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (10)"
- ☐ - INS Form I-766 (Employment Authorization Document) annotated "A10"
- ☐ - Order from an immigration judge showing deportation withheld under §241 (b) (3) of the INA

Alien Granted Conditional Entry:

- ☐ - INS Form I-94 with stamp showing admission under §203 (a) (7) of the INA
- ☐ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (1) (3)"
- ☐ - INS Form I-766 (Employment Authorization Document) annotated "A3"

Cuban/Haitian Entrant:

- ☐ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6
- ☐ - Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7
- ☐ - INS Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under §212(d) (5) of the INA

Alien Who Has Been Battered or Subjected to Extreme Cruelty:

- ☐ - INS petition and appropriate supporting documentation

Name of Applicant